09826225

DATENT ADDITION FOR DETERMINATION STOR								Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOI Effective October 1, 2000									P-1029				
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
TOTAL CLAIMS			15		1			RATE FEE		7	RATE	FEE	
FOR			NUMBER FILED		NUM	BER EXTRA		BASIC FI	EE 355.00	OR	BASIC FEE		
TOTAL CHARGEABLE CLAIMS			/5 minus 20=			1.		X 5 9=		OR	7/212	-	
INDEPENDENT CLAIMS			7_ minus 3 =		•	9		X40=		1_	Y00		
ML	JLTIPLE DEPEN	DENT CLAIM P	RESENT	··· ·						OR	7,002		
• 14	the difference	in calumn 1 is	lose than zoro, nator "O" in solu			andrima 2		+135=			+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	710	
	C	(Column 1)	MENDED - PART II (Column 2) (Column 3)					SMALL	ENTITY	OR	OTHER SMALL		
V		CLAIMS	100 to 100 mg	HIGH	IEST	(Column 3)	1 1		ADDI-) 	OMACE.	ADDI-	
AMENDMENT A		REMAINING AFTER AMENDMENT		PREVIO PAID	OUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	. 20	Minus	":>		=		XS 9=		OR	X\$18=		
AME	Independent	. 3	Minus	•••	3_		1	X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						۱ <u>۱</u>	+135=			+270=			
I_{ℓ}	0/06/	601					L	TOTAL	 	OR	TOTAL		
	(Column 1) (Column 2) (Column 3)						A	DDIT FEE	•	OR	ADDIT. FEE		
		(Column 1) CLAIMS		HIGH		(Column 3)	ı		ADDI	1 1		4001	
AMENOMENT B		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 17	Minus	0		= /		X\$ 9=		OR	X\$18=		
	Independent	NTATION OF M	Minus	···	CLADA	= /		X40=		OR	X80=		
-	INSTRACOC	INTATION OF IM	OLITEE DE	ENUCINI	CLAIM			+135=	: . . 2 	OR	+270=		
n	01/						A	TOTAL DDIT. FEE		ОЯ	TOTAL ADDIT. FEE		
7	18105	(Column 1)		(Colum		(Column 3)							
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BEA DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMEN	Total	. 17	Minus	H	3	= O		X\$ 9=		OR	X\$18=		
ME	Independent	. 5	Minus	2		= >)		X40=			X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-		 	OA	700-		
* If the entry in column 1 is less than the entry in column 2, write *0* in column 3 TOTAL TOTAL													
"If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3." TOTAL ADDIT FEE ADDIT. FEE													
		ber Previously Pai					r loun	d in the ap	propriate box	in colu	umn 1.		

STE.ATO MOAD